

MISSOURI DEPARTMENT OF PUBLIC SAFETY (See Instructions on Reverse)  
MONTHLY DETAIL OF EXPENDITURES

CONTRACT NUMBER: \_\_\_\_\_ MONTH ENDED: \_\_\_\_\_

CONTRACTOR/SUBGRANTEE: \_\_\_\_\_

-----BUDGET CATEGORY-----

				Personnel / Volunteer Hours / OT						
Payroll Month Or Order Date	Check #	Payee	Description	Gross Pay This Period x	% Time worked this period=	Amount claimed this period	Travel	Supply/ Operations	Equipment	Renov/Constr. or Contractual
				\$	%	\$	\$	\$	\$	\$
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
					%					
				\$		\$	\$	\$	\$	\$

REMEMBER: Actual Expenditures are required!

## Instructions for the Detail of Expenditures And Monthly Report of Expenditures / Request for Reimbursement Forms

Please use the following instructions to complete the Detail of Expenditures form and Monthly Report Of Expenditures / Request for Reimbursement form:

1. Enter the following information in the appropriate spaces:

- **Current Contract Number**
- The **Month** for which expenses are being claimed
- **Your agency name** as it appears on the Award of Contract.

2. All expenses incurred for the month that are reimbursable through the grant should be listed on this form. Remember, only the budget items approved by the Department of Public Safety (DPS) and shown on the approved contract are eligible for reimbursement.

3. Complete the following columns with the requested information:

- **Payroll Month Or Order Date Column:** indicate the date of expenditure and/or the month the payroll hours were worked.
- **Check Number Column:** indicate the check number for the expenditure. If the payroll was direct deposit, please indicate that in this column.
- **Payee Column:** indicate to whom the check was paid or expenditure made.
- **Description Column:** give a brief description of the expenditure. For example, "payroll for 7/1/01-7/31/01", or "FICA tax", or "97 miles at 27¢ per mile", or "purchase computer", etc.

### 4. PERSONNEL EXPENSES

**Salaries And Wages:** enter the information required in # 3. In the Description column, give the **pay period covered by the check**.

- **Gross Pay Column:** Enter the gross amount paid per pay period to each employee on the grant.
- **% Of Time Column:** If a position is funded at less than 100% thru the grant, indicate the actual percentage of time spent on the grant activities.
- **Amt. Claimed Column:** Enter the result of multiplying the gross pay by the actual percentage of time spent on the grant activities.
- For example, **Gross Pay x 80% of time on project = Amount Claimed.**
- **For Hourly Employees:** For volunteer time and positions paid on an hourly basis, indicate the rate of pay in the "Gross Pay This Period" column, the number of hours worked for the period in the "% Time worked this period" column, and the total claimed in the "Amount claimed this period" column.

**Fringe Benefits:** enter the employer's cost of allowable benefits in the third column. Remember that the fringe benefits may also need to be adjusted based on the percentage of time spent on the grant activities. For example, **FICA x 80% of time on project = Amount Claimed.**

### 5. TRAVEL EXPENSES

Enter the information required in # 3. In the Description column, give a description of the travel expense.

- For mileage, include the number of miles reimbursed and the rate of reimbursement. For example, **97 miles at 27¢ per mile.**
- **Lodging, airfare, transportation/cab fare, and meals** must also be claimed as travel expenses.
- Only actual expenses incurred may be requested for reimbursement. Do not report \$25 per day if the actual cost of meals was \$14.95.
- All expenses (including lodging airfare, transportation/cab fare, and meals) must be supported by receipts on file. In addition, mileage logs must be kept for any mileage claimed.

### 6. SUPPLIES / OPERATIONS EXPENSES

Enter the information required in columns # 3. In the Description column, give a description of the supply item or operational expense.

- All expenses must be supported by receipts on file.
- The Department of Public Safety has created a list of Office Supplies. Only those items included on this list may be claimed for the budget item "office supplies".
- Refer to your program description for the "Office Supplies" list.

### 7. EQUIPMENT EXPENSES

Enter the information required in columns # 3. In the Description column, give a description of the equipment item. **Attach a copy of the paid invoice for any equipment claimed.** Also keep a copy of the invoice on file.

### 8. CONTRACTUAL EXPENSES

Enter the information required in columns # 3. In the Description column, give a description of the contractual expenses. **Attach a copy of the contract** if you have not previously mailed it to the Department of Public Safety.

### 9. GENERAL GUIDELINES AND INSTRUCTIONS

- All expenditures claimed must be actual expenses, not simply the amount budgeted or 1/12 of the amount budgeted. This means that you may have fluctuations from month to month for most expenses.
- All expenditures must be incurred within the dates of the current 12-month contract period. Expenses incurred (including payroll) before or after the contract period must be claimed in a previous or subsequent contract, respectively.

### 10. COMPLETING THE REPORT OF EXPENDITURES/MONTHLY REQUEST FOR REIMBURSEMENT FORM

- After the expense information has been entered on the detail sheet, total each column.
- Enter the figures for each budget item claimed in the **"Expended This Month"** column of the Monthly Report of Expenditures and Request for Reimbursement form.
- Do not combine budget line items. Each line item must be claimed separately.
- Add the **"Previously Reported"** and the **"Expended This Month"** columns together and enter the totals in the **"Total Expended To Date"** column.
- Be sure to double-check your figures.

The **"Funds Requested"** should correspond with the total **"Expended This Month"** in most cases. This figure could vary if errors in reporting are corrected on a subsequent report.

The person who prepares the report must sign and date the report and provide both a fax and telephone number at which he/she can be reached if clarification is needed when processing the report.

Mail all report forms and required documentation to the Missouri Department of Public Safety. The report forms and required documentation must be received in the office of the Department of Public Safety **by 5:00 p.m. on the 10<sup>th</sup> of the month** to be considered for payment. Report forms received late will not be processed until the following month. The due date may be extended to the next working day, if the 10<sup>th</sup> falls on a Saturday, Sunday, or a holiday.

Any reports that are incomplete will be returned to the contractor for completion and will not be processed until the following month, unless the forms are completed and returned by the 10<sup>th</sup> of the month.

If you have any questions regarding the Monthly Report of Expenditures and Request for Reimbursement or Detail of Expenditures forms, please do not hesitate to contact the Department of Public Safety at 573-751-4905.